



Federal Update for March 3 - 7, 2014



Care and Benefits for Veterans Strengthened by \$164 Billion VA Budget

March 4, 2014

WASHINGTON – Continuing the transformation of the Department of Veterans Affairs (VA) into a 21st century organization, the President has proposed a \$163.9 billion budget, a 6.5 percent increase over Fiscal Year 2014, that will support VA's goals to expand access to health care and other benefits, eliminate the disability claims backlog, and end homelessness among Veterans. The budget includes \$68.4 billion in discretionary spending, largely for healthcare, and \$95.6 billion for mandatory programs – mostly disability compensation and pensions for Veterans. "This budget will allow us to continue the progress we have made in helping Veterans secure their place in the middle class," said Secretary of Veterans Affairs Eric K. Shinseki. "It is a tangible demonstration of the President's commitment to ensuring Veterans and their families have the care and benefits they've earned and deserve."

The \$68.4 billion total in discretionary spending includes approximately \$3.1 billion in medical care collections from health insurers and Veteran copayments. "We remain committed to providing Veterans the opportunity to pursue their education, find meaningful employment and access high-quality health care," Shinseki added. "From the men and women of 'the greatest generation' to the Veterans who have returned from our most recent conflicts in Iraq and Afghanistan, no one deserves it more."

VA operates one of the largest integrated health care systems in the country with nearly 9 million enrollees; the ninth largest life insurance program; monthly disability pay, pensions and survivors payments to more than 5.1 million beneficiaries of monthly pay, pensions and survivor benefits; education assistance or vocational rehabilitation benefits and services to 1.2 million students;

mortgage guaranties to over 2 million homeowners; and the largest cemetery system in the nation.

Here are highlights from the President's 2015 budget request for VA.

Health Care

With a medical care budget of \$59.1 billion, including collections, VA is positioned to provide care to 6.7 million patients in the fiscal year beginning Oct. 1. The patient total includes over 757,000 people whose military service began after Sept. 11, 2001.

Major spending categories within the health care budget are:

- \$7.2 billion for mental health;
- \$2.6 billion for prosthetics;
- \$561 million for spinal cord injuries;
- \$229 million for traumatic brain injuries;
- \$238 million for readjustment counseling; and
- \$7.0 billion for long-term care.

Expanding Access

The President's proposed budget would ensure that care and other benefits are available to Veterans when and where they need them. Among the programs that will expand access under the proposed budget are:

- \$567 million in telehealth funding, which helps patients monitor chronic health care conditions and increases access to care, especially in rural and remote locations;
- \$403 million for health care services specifically-designed for women, an increase of 8.7 percent over the present level;
- \$534 million for the activation of new and enhanced health care facilities;
- \$562 million to continue on-going major construction projects;
- \$86.6 million for improved customer service applications for online self-service portals and call center agent-assisted inquiries; and
- \$3.6 million to open two new national cemeteries in Florida and prepare for the opening of two new rural national Veterans burial grounds.

Eliminating Claims Backlog

The President's proposed budget provides for full implementation of the Veterans Benefits Administration's (VBA) robust Transformation Plan -- a series of people, process and technology initiatives -- in FY 2015. This plan will continue to systematically reduce the backlog and enable the Department to reach its 2015 goal - to eliminate the disability claims backlog and process all claims within 125 days with 98 percent accuracy.

Major transformation initiatives in the budget proposal invest \$312 million to bring leading-edge technology to the claims backlog, including:

- \$173 million (\$137 million in Information Technology and \$36 million in VBA) for the next generation of the electronic claims processing system Veterans Benefits Management System (VBMS); and
- \$139 million for Veterans Claims Intake Program (VCIP) to continue conversion of paper records into electronic images and data in VBMS.

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Eliminating Veterans Homelessness

A major strategic goal for the Department is to end homelessness among Veterans in 2015. The budget request targets \$1.6 billion for programs to prevent or reduce homelessness, including:

- \$500 million for Supportive Services for Veteran Families (SSVF) to promote housing stability;
- \$374 million for the HUD-VASH program wherein VA provides case management services for at-risk Veterans and their families and HUD provides permanent housing through its Housing Choice Voucher program; and
- \$253 million in grant and per diem payments that support temporary housing provided by community-based organizations.

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Other Services for Veterans

Other features of the administration's FY 2015 budget request for the department are:

- \$257 million to administer the VA-run system of national cemeteries;
- \$3.9 billion for information technology; and
- \$1.2 billion in construction, cemetery grants and extended care grants.

DoD 2015 Budget ► Proposed by Pentagon

The Pentagon on 24 FEB proposed the deepest and most far-reaching cuts to military compensation in the 40-year history of the all-volunteer force, explaining that such cuts are necessary in order to pay for more modern gear and high-tech weaponry. Some highlights of the Defense Department's budget proposal for fiscal 2015 include the first-ever rollback in Basic Allowance for Housing; a military pay raise that would match last year's 1 percent hike, the lowest in the volunteer era; massive cuts to commissary subsidies; and potentially increased health care fees for both active-duty families and retirees. Together, the proposals signal an end to a decade-plus wartime era of rising pay and benefits for troops. Even after the proposed cuts, military compensation would remain comparatively more generous than it was in the 1980s and '90s. But the Pentagon has never before sought to pare back existing benefits in the all-volunteer era. Moreover, personnel costs would be slashed further by significant reductions to the size of the force, including the smallest Army since before the Second World War.

Defense Secretary Chuck Hagel said the changes are part of an overarching decision to protect big-ticket programs and research projects by saving money on people. "We chose to slow the growth of military compensation costs in ways that will preserve the quality of the all-volunteer force, but also free up critical funds needed for sustaining training, readiness, and modernization," Hagel said Monday at a briefing with reporters. "We chose further reductions in troop strength and force structure in every military service — active and reserve — in order to sustain our readiness and technological superiority, and to protect critical capabilities like special operations forces and cyber resources," Hagel said. Hagel also said this is "the first budget to fully reflect the transition DoD is making after 13 years of war."

Major changes include:

- On **housing allowances**, Hagel said the Pentagon will "slow the growth" until BAH covers only about 95 percent of estimated rental costs, with troops paying the other 5 percent out of pocket. In addition, the monthly BAH check provided to about 1 million service members will be cut further by eliminating the stipend for renters insurance that for years has been a key component in calculating BAH.

- Next year's **pay raise** for troops would be 1 percent, the same as this year. Those are the lowest pay raises since the end of the draft in 1973 and fall below estimated growth in average private-sector wages in recent years.
- The Defense Department aims to slash \$1 billion from the \$1.4 billion **commissary subsidy**. Pentagon officials insist that no commissaries will be closed but acknowledge that prices will likely rise on many items as local facilities absorb the reduced subsidies.
- Changes are also coming to **Tricare**. "We will ask retirees and some active-duty family members to pay a little more in their deductibles and co-pays," Hagel said. Officials have not provided specific details.

Many of the proposed changes to compensation will require approval from Congress. In the past lawmakers, have been reluctant to reduce troops' pay and benefits. But Pentagon officials believe that may change as combat tours end and reducing compensation is presented as the only viable alternative to vastly diminished readiness. "I think there is a growing recognition that there is a direct tradeoff," said one senior defense official. Hagel said the Pentagon is seeking a base budget of about \$496 billion, roughly the same amount the military is allowed to spend this year. Hagel reiterated the Pentagon's call for Congress to set up a new Base Realignment and Closure Commission to help make politically difficult decisions about shuttering domestic installations and eliminating jobs. He also raised the specter of big reductions to the military footprint in Europe by noting that "BRAC authority is not needed" to close facilities there, which means DoD could make those closure decisions unilaterally.

Underpinning many of the budget decisions is the firm belief that "after Iraq and Afghanistan, we are no longer sizing the military to conduct long and large stability operations," Hagel said. The size of the special operations force would grow slightly to 69,700, up from today's 66,000, Hagel said. Yet the rest of the force would shrink.

- The **Army** would take the biggest hit. Today's Army of about 530,000 soldiers was already slated to drop down to 490,000 during the next several years. But Hagel announced that the new target level will be an active-duty end strength of 440,000 to 450,000 soldiers. Also, the Army will terminate its Ground Combat Vehicle program to save money. The Air Force will

eliminate its entire fleet of A-10 Warthogs, an aircraft popular with ground troops because it flew thousands of close-air-support missions over Iraq and Afghanistan during the past 13 years. The savings would help pay for dozens of new F-35 Lightning II Joint Strike Fighters.

- The **Air Force** would also retire its entire fleet of U-2 spy planes. The Pentagon plans to fulfill that mission in the future with unmanned Global Hawks. The Air Force will press ahead with plans to build and buy a new tanker and a new bomber, Hagel said.
- For now, the **Navy** can keep its fleet of 11 aircraft carriers. But Hagel threatened to cut that to 10 if Congress does not raise current budget caps in 2016. Specifically, he said the carrier George Washington would have to be retired before its currently scheduled nuclear refueling. The big impact on the Navy's surface fleet will be on cruisers. Half of the Navy's cruiser fleet — 11 ships — will be "laid up," meaning they will be taken out of normal deployment rotations and essentially left unmanned. Among the most controversial provisions of the Navy budget is the decision to scale back the long-term Littoral Combat Ship program from 52 vessels to 32. Amid concerns that the LCS is too vulnerable to attack, Hagel directed the Navy to consider building a new ship "consistent with the capabilities of a frigate."
- The **Marine Corps** was spared any troop reductions for now and will retain its end strength of 182,000 Marines. However, Hagel said that if Congress does not lift sequestration spending caps on the defense budget before next year, the Corps' end strength likely would have to be cut to 175,000.

The budget proposal is unlikely to end the internal battle simmering between the Army's active and reserve components. The bad news for the Army National Guard is Hagel's order to turn over its Apache helicopters to the active force. The good news is that the Army reserve components will get to keep more soldiers. The force reductions for the reserve components amount to a 5 percent cut, compared to the 13 percent drop for the Army's active force. Hagel's preview of the 2015 budget comes one week before the full details of the plan are sent to Congress, where the proposal's many controversial decisions are likely to hit resistance. But as one senior military official said Monday: "It's hard to cut this much money out of anything and expect people to cheer about it." [Source: MilitaryTimes | Andrew Tilghman | 24 Feb 2014 ++]

DoD Mental Health Programs ► Prevention Mostly Ineffective

The military has produced dozens of programs aimed at preventing mental illness among troops during the wars in Iraq and Afghanistan, but there's little evidence that most of them work, a blue-ribbon panel of scientists said in a report released Thursday. The findings by a committee of 13 experts appointed by the Institute of Medicine of the National Academies come as about 1,000 Iraq- and Afghanistan-era veterans are being diagnosed with post-traumatic stress disorder each week, according to data from the Department of Veterans Affairs. "There's no substantive indication of effectiveness (in the military prevention programs) and most importantly, there's no evidence of an enduring impact," said panelist David Rudd, provost at the University of Memphis and an authority on suicide in the military. The Pentagon issued a statement 20 FEB saying that it is reviewing the study's findings, said Army Lt. Col. Catherine Wilkinson, a spokeswoman.

The Institute study, requested by the Pentagon, follows an earlier Institute of Medicine review released last year concluding that the Pentagon and Department of Veterans Affairs are struggling to keep pace with a growing number of mental health problems generated by the wars. The scientists in the study released Thursday singled out for prominent criticism the largest and costliest program, the Army's Comprehensive Soldier Fitness effort — since expanded and renamed Comprehensive Soldier and Family Fitness. The program teaches soldiers and family members coping strategies such as keeping a positive or optimistic outlook on life or cultivating strong social relationships. Army leaders said it provides soldiers with the tools to become emotionally resilient. The Army began the program in 2009 amid increasing cases of suicide and mental illness. It has cost \$125 million to teach the coping skills to a million soldiers. The scientific panel said there is little or no evidence the program prevents mental illness.

The Army quickly disputed the findings, saying that its own research shows that the program improves an individual soldier's "level of overall fitness in areas of social, emotional, spiritual, family and physical strength." But the committee said the Army's method for measuring the program's effectiveness has never been subjected to peer review. While those measurements appear significant, they do not mean improved mental health, the scientists said. "This committee does not

find these results meaningful," the report said. The panel cited other internal Army studies that showed no preventive benefits for combat troops who had received the training compared with those who did not for conditions such as PTSD, anxiety, depression and substance abuse. Rudd characterized the Army program "as not a particularly wise investment to spend those kinds of dollars on."

Lt. Col. Justin Platt, an Army spokesman, said the program was redesigned in recent years and is not now intended as a way of preventing illnesses such as PTSD or depression. When it was started in 2009, it was supposed to be a "long-term preventative health strategy." New goals released last year are now more generally worded. One of them, for example, says the program should provide soldier and families with "self-awareness and psychological resources and skills to cope with adversity and thrive in their lives." Rudd said the panel acknowledged the difficulty of developing preventive programs during wartime. He said many of the efforts, including comprehensive soldier fitness, clearly may have made sense at the time. But he said that adjustments should be made and unsuccessful programs abandoned. "If we are going to invest these kinds of dollars, it should be in things that are demonstrated to be effective," Rudd said. [Source: USA TODAY | Gregg Zoroya | 20 Feb 2014 ++]

DoD Benefit Cuts Update ► Benefits Fights Not Over

The COLA penalty was a surprise provision in last December's Bipartisan Budget Agreement. More surprises could come in March, when the administration releases its fiscal year 2015 budget recommendations. Back in August 2011, the VFW unveiled its 10 for 10 Plan, which were 10 DOD/VA programs that they believed were under threat of elimination or reduction to help pay for (then) 10 years of war. Below are the 10 programs, which are still on the radarscope based on present-day budget battles, the deficit, the continued threat of sequestration, and the recommendations to be made next year by the Military Compensation and Retirement Modernization Commission:

- Change the 20-year military retirement plan to resemble civilian plans.
- Increase healthcare premiums for military families and retirees on TRICARE.

- Increase pharmaceutical fees for military families and retirees.
- Reduce COLA increases.
- End government subsidies to military commissaries.
- Eliminate DOD elementary schools stateside.
- Eliminate DOD tuition assistance programs for service members.
- Eliminate presumptive service-connected conditions for disabled and ill veterans.
- Lock out or increase fees for VA Priority Group 7 and 8 veterans; and
- Lower or freeze military pay, similar to the recent three-year (FY 2011-13) freeze for federal civilians.

The VFW is asking veterans to become a VFW Action Corps member and help them stop the government from balancing the budget on the backs of veterans, service members and their families. You can join them at:

<http://capwiz.com/vfw/mlm/signup.htm>. [Source: VFW Washington Weekly 14 Feb 2014 ++]

DoD Sexual Abuse Update ► Occupational Hazard

Did you know that sexual assault in the military is considered an occupational hazard? This was the ruling in the case of *Cioca v. Rumsfeld* (2011) where twenty-eight service members who were victims of rape while on active duty filed a lawsuit against Secretaries of Defense Rumsfeld and Gates. The case was dismissed stating that **sexual assault is incident to service**. This is an important piece of information because currently the Department of Veterans Affairs does not clearly define military sexual trauma as a service related disability. Currently the veteran must submit “burden of proof” that the incident took place in order to have a chance at receiving benefits and the help they need and deserve. The Ruth Moore Act of 2013 goal is to make it easier for veteran sexual assault victims to receive service connected benefits and treatment for mental-health conditions linked to military sexual trauma. The bill was named after a woman who sought Veterans Affairs benefits for 23 years after being raped several times while serving in the Navy.

According to the Defense Department there were more than 26,000 cases of sexual assault or unwanted sexual contact in fiscal year 2012, which is a 37 percent increase from fiscal year 2011. Additionally, the Department of Defense Sexual Assault Prevention Response Officer (SAPRO) briefing in March of 2012,

reported that military sexual trauma is the leading cause of Post-Traumatic Stress Disorder (PTSD) among women veterans, while combat trauma is the leading cause of PTSD among men. Military sexual assault is receiving a wide array of public discussion currently because of the new data posted this year that illustrates the problem as epidemic in proportion. Therefore in addition to the Ruth Moore Act there are two other pieces of legislation that are targeting sexual assault in the military.

- The Military Justice Improvement Act of 2013 (S.967) aims to remove the chain of command from the prosecution of crimes punishable by a sentence of more than one year, preventing injustices related to military sexual assault and other forms of misconduct.
- The Sexual Assault Training Oversight and Prevention Act (STOP Act) H.R.1593 that would take the chain of command out of the oversight of military sexual assaults and instead create an autonomous Sexual Assault Oversight and Response Office comprised of civilian and military experts.

In addition to these new pieces of legislation, in 2012 a documentary, “The Invisible War” was released that documents firsthand accounts of sexual assaults in the military, the court systems, and how the VA is handling the PTSD claims [<http://www.tv.com/movies/the-invisible-war/watch/the-invisible-war-2560398/>] This grassroots film created a movement to raise public awareness, coordinate policy, and energize the change to military policy and behavior by engaging advocacy organizations. [Source: New Bern NC Sun Journal | Misty Benedti | 15 Feb 2014 ++]

DECA Budget Cuts Update: 20% Shopper Savings Drop Proposed

The long-feared cuts to military commissaries appear to be real: The Defense Department subsidy would drop from \$1.4 billion annually to \$400 million under a defense budget proposal the Obama administration plans to deliver to Congress next week, Pentagon officials announced 24 FEB. The commissary cut will be accomplished not by eliminating any commissary locations, but by reducing the amount of savings over civilian markets that servicemembers enjoy. The cut will be phased in over several years. A recent study by Defense Commissary Agency, or DeCA, found that using the commissary saves shoppers an average of 30.5

percent annually when compared to other stores off base. The savings would drop to about 10 percent, defense officials said in a briefing that covered all aspects of the 2015 defense budget, including hardware and military pay. “I want to make a point that nobody’s take-home pay is going to go down under this plan, and we are not closing commissaries,” a senior military official said. It was unclear Monday whether savings would be sought by raising prices on some goods, or whether there might be an increase in the stores’ 5 percent surcharge, long presented as a way to pay for commissary construction, equipment and maintenance. According to a media report out last month, one plan which was under consideration was closing all but 24 rural stores stateside, while overseas stores would remain open. However, there was no mention of that in the proposal. DeCA operates 247 stores worldwide, and was getting \$1.4 billion annually in taxpayer funding. [Source: Stars & Stripes | Patrick Dickson | 24 Feb 2014 ++]

VA Hearing & Vision Benefit Update: OIG Report on Hearing Aid Repair

The Veterans Affairs Department is taking weeks to provide or repair hearing aids for its patients, leaving hearing-impaired veterans at risk in the latest failure by the agency charged with caring for America’s war heroes. The VA has promised to provide hearing aids within five days, but the agency’s Inspector General found that the average wait time was between 17 and 24 days. About 30 percent of veterans are waiting 30 days or more, and of those, 10 percent are waiting to have their hearing aids fixed for two months or more, a report released this week found. VA officials blamed staffing issues for the delays, but investigators actually visited a facility where large numbers of hearing devices were sitting undistributed in boxes and on carts. Veterans groups are outraged, saying that the delays pose a serious threat to veterans safety.

- “It’s a safety issue, they are put at risk,” said Gerald Manar, Deputy Director of National Veterans Service of the Veterans of Foreign Wars. “If they cross the street and don’t hear an approaching car... anything can happen if you’re not hearing well.”
- Other groups have said the waiting periods for new hearing aids and hearing aid repairs is unsatisfactory. “We do believe that it is unacceptable that veterans are having to wait this long,” said Edward Lilley, a senior field

service representative at The American Legion. “The VA needs to meet their own standard.” Mr. Lilley added that The American Legion planned to reach out to the VA’s OIG to follow up on the report and obtain more information.

Investigators said they believe that 30 days – 25 days after the VA’s goal - “allows sufficient time for medical facilities to issue a hearing aid to a veteran who depends on it for their daily activities. Inspectors visited the Denver Acquisition and Logistics Center (DALC), which serves as a central processing facility for the VA, and said they observed 19,500 hearing aids backlogged, unopened, sitting on carts and waiting for repairs or replacements. Part of the reason the agency kept veterans waiting was because staff never recorded when they received the hearing aids or requests for the devices. “Without a timely recording system, staff cannot adequately respond to or track inquiries from veterans and medical facilities concerning the status of a hearing aid pending repair services,” the IG said in a report released Thursday. DALC said that five of their 21 technician positions for working on the hearing aids were vacant for much of 2012, and that the repair lab hasn’t been fully staffed since February 2011. “Medical facilities’ audiology staff attributed the delays to inadequate staffing to meet an increased workload,” the IG said.

Meanwhile, the workload has been steadily ticking upward, with 358,000 repairs of hearing aids in FY 2011 and 394,000 in FY 2012. “VA needs to fill those positions so veterans can get their hearing aids back in a timely manner,” Mr. Manar said. “They are really handicapped without them. If they can’t hear, it’s a real problem, not just conversationally but in terms of safety.” But the IG said that more people wouldn’t help fix the backlog, and that the problems lie elsewhere. “We estimated a fully staffed repair lab would only decrease the average number of days to complete repair services by about 5 days,” investigators said. “This would make the average number of days 15, which is still 10 days more than their 5-day timeliness goal.” The problem needs to be fixed, the IG said, because the demand for repair and replacement services is only going to increase. “Due to the aging veteran population, VA’s audiology service and repair workloads are expected to continue to increase,” the report said. “Therefore, it is imperative that VA effectively manages its delivery of hearing aid services and repairs.” Tinnitus – ringing in the ears – and hearing loss were the first and second most common service-related disabilities among veterans, the IG said. During fiscal

year 2012, the VA said it ordered roughly \$221 million worth of new hearing aid parts for veterans and repaired about \$16.5 million worth of parts. The Veterans Health Administration agreed with all of the inspector general's recommendations and has already taken steps to fix problems and make improvements. The VHA is already working on a plan to improve productivity standards by fiscal year 2015. In response to the report, the VHA has expanded the improvement plan to include the non-physician discipline of Audiology beginning in fiscal year 2016. In addition, the DALC is also making improvements to secure more staffing and to track and monitor hearing aids from the date received for repair. In their response the DALC wrote that it takes seriously the welfare of the Veterans it serves and reported that it has already made improvements to bring repair timeliness within standards and has secured funding for additional employees. [Source: Washington Times | Phillip Swarts & Kellan Howell | 21 Feb 2013 ++]

VA Abe Lincoln Pillars of Excellence Awards ►

2013 Awardees

On 11 FEB Secretary of Veterans Affairs Eric K. Shinseki and VA's Vantage Point blogger Jason Cain announced the first recipients of the newly-established Abraham Lincoln Pillars of Excellence Awards (ALPEA). This new Department of Veterans Affairs (VA) award recognizes their state partners for outstanding programs that support Veterans in their states. The awards were presented at a White House ceremony, held in conjunction with the National Association of State Directors of Veterans Affairs (NASDVA) winter conference. VA's Office of Intergovernmental Affairs and NASDVA worked together to establish this award to recognize the states' dedication and the excellence among programs established and operated by our state partners. Every U.S. state, district, commonwealth and territory has a sister agency to VA, and their governors are equally dedicated to supporting and assisting Veterans. These agencies, while independent from VA, are key partners in the mission to fulfill the promise of Abraham Lincoln: "to care for him who shall have borne the battle, and for his widow, and his orphan."

The state agencies have a primary mission of assisting Veterans in their state with accessing and applying for federal VA care and benefits. More importantly, each state government has made additional commitments to their Veterans. From

reduced or exempted state taxes, to education benefits and direct bonuses for war time Veterans, these programs represent significant investments and expenditures on behalf of state governments. Jason Cain has the distinct honor of working closely with the leadership in each of these agencies to ensure VA and their state partners are in synch when it comes to supporting our Veterans. “These outstanding programs are successful, proven initiatives being funded and run by our state partners,” said Stephanie Birdwell, acting director, VA Office of Intergovernmental Affairs “The ALPEA not only recognizes and highlights the most effective and efficient state programs, it also encourages other states to look to these best practices as models for delivering care and benefits to their Veterans.”

ALPEA awards were presented for programs in the following categories: Elimination of Veterans Homelessness, Elimination of the Disability Claims Backlog, Improving Access to Benefits and Services and Outstanding State Programs. We presented five awards in the four categories for achievements in 2013. Three of the established categories align with the agency priority goals outlined in VA’s strategic plan, with a fourth reserved for outstanding state programs that address other state and VA priorities. The 2013 Awardees were:

- The award for programs aimed at eliminating Veterans homelessness went to the Washington Department of Veterans Affairs for its plan to eliminate Veterans homelessness. The program uses statewide Veterans housing summits to bring together various state and federal stakeholders to increase resource awareness and collaboration in the effort to eliminate homelessness among Washington Veterans.
- The Texas Veterans Commission for the establishment of Strike Force and fully developed claims teams received the award for programs aimed at eliminating the disability claims backlog. In 2012 the Texas Veterans Commission requested and received an initial appropriation of \$1.5 million to assist the federal VA in reducing the claims backlog in Texas. The state formed two eight-member Strike Force teams and five-member fully developed claims teams that operate out of the Houston and Waco regional offices. Additional staff was deployed to various underserved areas and to hold a series of “Beat the Backlog” events throughout the state. Texas was the first state to commit significant state resources to augment VA staff in order to expedite the reduction of the disability claims backlog.

- With a second award for the Washington Department of Veteran Affairs, the state was honored for its Veterans benefits enhancement program, which pairs the state Veterans Affairs department with the Washington State Department of Social and Health Services. Together, the partnership identifies and facilitates Veterans and their dependents, who are receiving state social and health services, to access the maximum federal benefits for which they are eligible. The goal of the program is to transition Veterans currently receiving Medicaid and other state benefits to VA's health care system and other federally funded benefits and health care services.
- Two awards were presented in the category of Outstanding State Programs. The Alabama Department of Veterans Affairs was recognized for the Alabama Veterans Treatment Court Task Force. Alabama established the first state-level task force to develop a statewide Veterans Treatment Court (VTC) program. The VTC Task Force advocates for the coordinated planning, growth and expansion of the VTC programs in municipal, district, and circuit court systems throughout the state.
- The Illinois Department of Veterans Affairs was awarded their ALPEA for creating the Illinois Joining Forces. Illinois Joining Forces is a statewide, public-private network of more than 150 organizations working together to improve services to Illinois' military and veteran communities.

It is important for VA to recognize the incredible work being done at the state level. The agencies all have the same goal of ensuring all Veterans receive the care and benefits they have earned through honorable service. [Source: Vantage Point | Jason Cain | 21 Feb 21014 ++]

VA ID Card Update ► VHIC Phase in by JUL

The Department of Veterans Affairs (VA) announced 20 FEB the phased roll out of newly designed, more secure Veteran Health Identification Cards. The new cards are distinguished by additional security features and will have a different look and feel. In addition to being more secure, the card has been transformed into a Veterans Health Identification Card (VHIC). Similar to a typical health insurance card, the VHIC displays the Veteran's Member ID, a new unique identifier, as well as a Plan ID, reflecting the Veteran's enrollment in VA health care. "VA is committed to providing high quality health care while ensuring the personal security of Veterans," said Secretary of Veterans Affairs Eric K. Shinseki. "These new identification cards are an important step forward in protecting our nation's

heroes from identity theft and other personal crimes.” The VHIC is personalized to display the emblem of the Veteran’s branch of service. It also provides features that make it easier to use, such as the addition of “VA” in Braille to help visually impaired Veterans, and the printing of VA phone numbers and emergency care instructions on the cards. The card replaces the Veteran Identification Card (VIC), which was introduced in 2004. As part of a phased rollout, starting this month, the card will only be offered to newly enrolled and other Veterans who have not been issued a VIC. Then, in early April, VA will begin a three month effort to automatically issue the more secure VHIC to current VIC cardholders. VA recommends Veterans safeguard their VIC as they would a credit card, and cut up or shred the card once it is replaced. While not required to receive VA health care, all enrolled Veterans are encouraged to get a VHIC. Enrolled Veterans can get more information about the VHIC by visiting their VA medical facility enrollment coordinator or the website www.va.gov/healthbenefits/vhic, calling 1-877-222-VETS (8387) or visiting their local VA health care facility. Veterans who are not enrolled in the VA health care system can apply for enrollment at any time by visiting <http://www.va.gov/healthbenefits/enroll>, Calling 1-877-222-VETS (8387) or visiting their local VA health care facility. [Source: VA News Release 20 Feb 2014 ++]

VA Blue Water Claims Update ► Restore AO Exposure Presumption

Nearly half of the surviving 100,000 members of the United States Navy and fleet marine services who fought in Vietnam between 1962 and 1975 could be experiencing wartime injuries from the long term effects of dioxin exposure. On Aug. 2, 2013, the Blue Water Navy Vietnam Veterans Association and Military Veterans Advocacy, Inc. jointly filed suit in the United States District Court for the District of Columbia against Eric K. Shinseki in his capacity as Secretary of the Department of Veterans Affairs. This lawsuit demands immediate restoration of presumption of Agent Orange exposure. The law would constitute implementation of The Blue Water Navy Vietnam Veterans Act of 2013 (H.R.543) pending before the 113th Congress. The Act, was introduced to the House floor by Rep. Chris Gibson (D-NY). This legislation will return the presumption of exposure to herbicide to Navy and Marine veterans who served in the offshore water of Vietnam. These conditions include, but are not limited to, many forms of cancer, ischemic heart disease, Parkinson's disease and diabetes II.

Approximately 21 million gallons of the dioxin herbicide was sprayed on Vietnam. It entered the food chain and water systems. Dairy products produced in Vietnam serviced the offshore carriers. The distillation process of the carriers amplified the toxin the crews drank and showered in. Over time crew members have reported Agent Orange barrels being carried aboard. There are reports of spillage and clean up. Records for the evidence of these occurrences are not available. Laine Wheatley said her husband, who is a member of the Blue Water Navy Vietnam Veterans Association, recalls black barrels, about two-gallon size, stored on board. Instructions were to stay away from the barrels. Recently, she discovered it was common for the dioxin to be transported this way. Agent Orange is a mixture of two formulas transported separately and mixed at one location. She believes that in transporting the formula separately the Navy would not have been required to orange tag or stripe the barrels as Agent Orange.

About twelve years ago the U.S. Department of Veterans Affairs altered its internal policy and began denying benefits to the Blue Water Vietnam Veterans that had been receiving benefits for the presumed conditions. These service personnel are being denied all service-connected health care from Veterans Affairs hospitals and disability compensation for the presumed conditions. It can take 30 years for conditions to develop after exposure. For her husband they began seeing the effects within 15 years of his service, subtle but progressive. The Institute of Medicine released its fourth report Dec. 3, 2013 referring to its previous reports, reminding the Department of Veterans Affairs that there is "plausible routes for exposure of Blue Water Navy personnel." It said: The individuals who served off the shores of Vietnam should not be exempted from receipt of Veterans Affairs benefits of Agent Orange-related disabilities as:

- There is no medical or scientific evidence to deny those veterans the benefits that other service members from the Vietnam War receive on a regular basis;
- There were several viable pathways for exposure of the crews on the ships of the Seventh Fleet who served offshore Vietnam;
- There is no evidence that Agent Orange/dioxin did not poison the veterans in questions and there is overwhelming evidence indicating high probability that it did;

- No single group of veterans that served anywhere in Southeast Asia should be removed from the benefits for presumptive exposure to the deadly herbicides used in the broader geographical area thought out the Vietnam War.

Some crew logs have been purged. It is up to the veteran to provide evidence and contact possible witnesses. To attain available ship logs is costly both financially and in time to get them. For many their hands are tied. Their service medals are not enough to prove they served. Their health-related conditions are not enough evidence. For more information on the Blue Water Navy Vietnam Veterans Association go to <http://www.bluewaternavy.org>. Lists of vessels that have been identified to date as experiencing exposure can be found at <http://www.publichealth.va.gov/exposures/agentorange/shiplist/index.asp#find> and <http://www.publichealth.va.gov/exposures/agentorange/shiplist/list.asp>.

[Source: The Belington Herald | Laine Wheatley | 18 Feb 2014 ++]

PTSD Update ► Why Some and Not Others

Why do posttraumatic stress disorder (PTSD) symptoms persist in some people and not others? An experiment performed more than 100 years ago is helping us find answers. The team and researchers of *the Division of Military Internal Medicine at Uniformed Services University (USU) and those at other top universities* are learning more about PTSD using Russian scientist Ivan Pavlov's famous "conditioned response" experiment. Working with service members with and without PTSD, they hope to better understand the disorder to improve diagnosis and treatment.

One experiment, based on Pavlov's discovery, involves observing how someone with PTSD experiences fear. The feeling of fear is an important cue to deciding if our surroundings are safe or dangerous. It also prepares us to respond. A part of the brain known as the **amygdala** plays a big role in deciding whether to stay where we are or run away, the "fight or flight" response. In this experiment, they show individuals colored shapes on a computer screen. One pattern of shapes is paired with an uncomfortable puff of air directed to their throats. They show the shapes and then measure their physiological responses, such as heart rate, blood pressure, sweating and eye blinking. Their responses indirectly measure how their brain responds to stimuli. The amygdala and other parts of the brain trigger those responses.

During the experiment, study participants learn that one pattern of shapes signifies danger with the puff of air, while another pattern signifies safety, or no puff of air. Participants with PTSD tend to have a greater physiologic response to the danger cues — increased heart rate, blood pressure, sweat response and eye blinking, than those who don't have PTSD. This holds true even if they've had similar traumatic experiences, such as combat. After study participants have learned whether danger is near or not by the pattern of shapes they see, they're shown the shape that means danger together with the one that means safety. Those with PTSD tend to pay more attention to the danger signal. Those who don't have PTSD focus on the safety signal. This is known by their physiological responses.

From this experiment it was learned that individuals with PTSD find it harder to control their fear response even when danger and safety signals are present at the same time. The danger cue promotes such a fear of something bad happening that they can't believe in the safety cue. This pattern fits with studies of the brain that show that the frontal lobes, which normally control the fear centers of the brain, don't perform as well in individuals with PTSD.

To learn more about the relationship between PTSD and the brain, they look at how the brain functions in the same patients who did the shapes experiment. For this a special tool called functional MRI is used. The tool measures changes in oxygen levels in different parts of the brain. That gives certain types of information, such as how strongly the amygdala responds to fear. New imaging techniques, technologies such as virtual reality, and mobile applications such as smartphone apps can help us understand and treat PTSD. [Source: DcoE Blog | Col. (Dr.) Michael Roy, USA (Ret) | 20 Feb 2014 ++]